Guest Editorial

Withering trust: Redefining the doctor patient relationship

The relationship between the doctor and patient has been defined over the last 2500 years or more. It is unique as it depends entirely on honesty and trust between the two parties. Until very recently, doctors were held in high regard by society in general for their knowledge, compassion, and ability to alleviate suffering, helping when men and women were at their most vulnerable.[1] This relationship had matured to be of mutual benefit, but of late, it has changed to adopt new norms – norms that society is still struggling to keep pace with. So, what exactly has changed?

One of the first and foremost things that has changed is the access to information. Even at the turn of the millennium, medical knowledge was confined to the doctors who would treat patients who, in turn, had little or no knowledge of the disease. Explanations would be brief, if at all, and questions would often meet with a terse reply. Patients themselves would visit the doctor who had been recommended and, for fear of offending, who would keep quiet and suffer in silence. But the internet changed all that – the access to unlimited information allows patients to be more informed about their disease such that they can ask far more relevant questions than they have ever in the past. Some doctors may find this to be an affront to their knowledge and that is where the problems often start. Armed with unsubstantiated information from the internet, which a lot of patients believe to be Gospel, they may have unrealistic expectations of treatment. In the absence of communication and pertinent counseling between the patient and the doctor before the commencement of care, things can very rapidly spiral out of control, despite adequate treatment.

The other major change that has happened over the last 50 odd years is the cost of providing health care. When the National Health Service in the United Kingdom was founded after World War II, by Sir Aneurin Bevin, it was widely believed that once the health of the nation of 50-odd million improved by the implementation of good primary health care, the hospitals would have lesser patients and the cost of health care would reduce. Today, we know how far from the truth that assumption was. Medical care can now treat more than it ever did, using tools that would be considered science fiction a few years ago. Medicines that are manufactured in large establishments set up to the highest standards of hygiene and safety treat a far wider spectrum of ailments than we ever did in the past – a far cry from the mortar-and-pestle compounds of 50 years ago. The newer compounds and devices themselves are subjected to rigorous clinical trials that are by-and-large funded by private companies who demand a return on their investment. The diagnostic space is also rapidly expanding. The humble X-ray and ultrasound have now given way to the CT and MRI scans that are able to give us not only high-quality structural data but functional data as well. These machines are technology-driven and very expensive with a very limited life span; everchanging technology results in need for replacement every few years. The scalpel has given way to the laser, microscopes, endoscopes, and robots – all expensive tools to shorten hospital stay, enhance patient experience, and improve patient outcome.

Not just the cost of providing health care but the cost of acquisition of medical education, postgraduate and specialty training, often in privately run medical colleges, has also spiraled out of control and is proportional to the number of years invested in it. Once qualified from these institutions, a proportion of doctors look to redeem costs. Unfortunately, this has given rise to an everincreasing "kickback" practice, where "cuts" are offered for referral of patients, or for their investigations.[2] All this has further corroded the reputation of the doctors, even though the vast majority are honorable, conscientious, and empathetic who treat their patients ethically. Unfortunately, the community of medical personnel is often viewed as a collective and patients quite often are unable to separate the wheat from the chaff.

On the other hand, pay scales and infrastructure in government hospitals trails the private sector by a wide margin, making it unattractive to young and dynamic talent. Corruption in the public sector too is rampant. Stretched to breaking point, such hospitals struggle under the sheer pressure of patients who often brave serpentine queues and indefinite waiting times. Such inequitable distribution creates a wide chasm and discontent between those who can afford health care privately and those who cannot. Among the medical community at large, the media is held largely responsible for the existing deficit of trust. Complications, adverse events, and costs are highlighted, and the doctor versus patient battle is portrayed as one between the poor (patient) versus the rich (doctor) – a "David and Goliath" situation that the doctor can seldom win. Reporting is tailored for grabbing headlines, where truth is sacrificed at the altar of sensationalism. Repeated graphic multimedia reports distort public opinion; of late, this seems to have culminated in the sporadic incidents of violent behavior toward the medical fraternity. Violence in any form is wholly unacceptable, so it is time that we as a community take cognition and introspect so that we can bring about a change such that the trust is restored.

So, what is it that we can do?[3] Well, the corrective actions have to be collective – as liability does not rest with the medical fraternity alone but also with the government, the media, and the society at large. A realization must dawn upon all stakeholders that this current situation is detrimental to society and that it has to change. Communication and transparency is the key to a strong doctor–patient relationship. Doctors will have to accept that patients will be more informed and will have to make the effort to counsel patients appropriately and adequately; it is up to the doctor to manage expectation and sift myth from reality. Practice of evidence-based medicine, maintenance of good documentation, and regular auditing of outcomes ensure uniform standards of probity and integrity. Transparency should also be the guiding factor in their dealings with the pharmaceutical industry, collaboration between the two being unavoidable for the betterment and advancement of medicine. Modern medical care is expensive, and a government-funded health-care system that is free, universal, and equitable has been elusive even in European nations who spend many times more on health care per capita than we do. Government policies and strategies need revision such that large swathes

of the population can access good quality health care. In this context, recent announcements related to universal insurance are a welcome step. However, much more is desired – provision of resources with updated infrastructure and overhauling of training at existing government hospitals, transparency in the accreditation of hospitals, stringent inspections preventing fraudulent practices, checking corruption and quackery, regulation of distribution and sale of drugs, and reforming medical education to produce competent doctors (we have fewer than those recommended by the WHO). Even though this list is not exhaustive, remedial action is far easier to enlist rather than implement as latter not only requires resources but also vision and will.

The media too must play their part by acting responsibly and in a balanced manner. They must realize that individuals respond differently to treatment and that sometimes adverse events can and do occur, in spite of the best available care, anywhere in the world and in the prevalent best quality health-care systems. In partnership with the medical fraternity, the press and other mass media can realize their greatest potential – of spreading awareness of all issues related to health. This will help promote goodwill all around, restoring much needed trust.

The authors do believe that health is probably best administered privately, regulated by a publicly elected body, funded partially by the government and insurance companies. Ways of providing subsidized insurance for the perceived have-nots must be explored. Transparency regarding costs, effective communication regarding possible outcomes, and guidelines provided by an honest and impartial watchdog will go a long way in reinstating public confidence in the doctors and the medical community.

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Access this article online

Quick Response Code:

Website: www.ijo.in

DOI: 10.4103/ijo.IJO_821_18

Cite this article as: Ray A, Pathak-Ray V. Withering trust: Redefining the doctor patient relationship. Indian J Ophthalmol 2018;66:1529-30.

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Vanita Pathak-Ray graduated in medicine from the University of Calcutta and completed her basic ophthalmology training in London and higher training in Cardiff, UK. She completed a clinical fellowship in glaucoma at the University of Toronto, Canada, under Dr. Ike Ahmed, where she gained experience in advanced glaucoma surgery. In 2005, she obtained her Certificate of Completion of Specialist Training (CCST) from UK and was appointed consultant at The Royal Glamorgan Hospital. She is currently Senior Consultant, Glaucoma and Cataract, at Centre for Sight and at NeoRetina Eye Care Institute, Hyderabad, India. She is the first Indian Glaucoma specialist to perform minimally invasive glaucoma surgery (MIGS) in angle closure glaucoma (phaco-endocycloplasty) and first to use Kahook Dual Blade to perform trabeculotomy in adults. She is one of the few in India performing Aurolab Aqueous Drainage Implant (AADI). She has several prize-winning presentations, most notably in innovative glaucoma procedures - at the International Congress on Glaucoma Surgery Montreal 2018 and Muscat 2016, at the World Glaucoma Congress, Helsinki 2017, at the All India Ophthalmology Conference Jaipur, 2017, at the Glaucoma Society of India annual conference, Mumbai 2015 - amongst others. She has been felicitated as 'International Hero' by the All India Ophthalmological Society twice in a row – 2017 and 2018. She has a keen interest in teaching and research, has published widely in peer-reviewed journals, presented as invited faculty at numerous national and international meetings and is a reviewer for several prestigious journals. She is passionate about spreading awareness in Glaucoma and hosts an annual CME event on World Glaucoma Day. The highlight of the event this year was the first ever 3-D show in glaucoma surgery as well as the release of a video titled 'Stop theft, save sight left' creating awareness about glaucoma in the community.